

**Governor's Office of Emergency Services  
Hazard Mitigation Grant Program  
Award/Disaster # \_\_\_\_\_**

**Reimbursement Request Form**

Mail Reimbursement Request to:

Governor's Office of Emergency Services  
Grants Management Branch  
Hazard Mitigation Program Section  
3650 Schriever Ave.  
Mather, CA 95655

Applicant: \_\_\_\_\_

OES ID# \_\_\_\_\_

Please mark this box to indicate a change in  
the Authorized Agent's Mailing Address below

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Project Number	Cumulative Expenditures to date	Reimbursement Request for the period of _____ to _____
	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____

Under penalty of perjury, I certify that:

- I am the duly authorized officer of the claimant herein
- This claim is in all respects true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations and grant conditions and assurances
- This claim is for costs incurred within the Grant Performance Period

**Authorized Agent (Per Governing Body Resolution)**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Fax No.

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Mailing Address Only

For OES Only

Obligated Amount: \$ _____	Date: _____
Expenditures To Date: \$ _____	Reviewer: _____
Cost Share (50% or 75%): \$ _____	Title: _____
Less Retention: \$ _____	Date: _____
Prior Payments Made: \$ _____	Approval: _____
Amount Allowable for Payment: \$ _____	Title: _____

<b>Award #</b>	The award # can be found on the Notification of Approval Letter
<b>Applicant</b>	The applicant is the entity, as identified in the original grant application. Do not identify any sub-departments or offices as the applicant
<b>OES ID #</b>	This is the applicant's identification number as identified on the Notification of Approval Letter
<b>Address Changes</b>	Indicate a change in address by checking the box shown and noting the new address in the area marked "mailing address"
<b>Project Number</b>	The project number can be found on the Notification of Approval Letter
<b>Expenditures To Date</b>	Identify total grant expenditures incurred to date for each project number
<b>Reimbursement Request for the Period of:</b>	<p>The applicant may request reimbursement of all, or a portion of, <i>Grant Expenditures incurred since the last Reimbursement Request</i>. Indicate the month and year for the beginning of the period covered to the end of the period covered during which these expenditures were incurred. <i>This is not the Project/Budget Period listed on the subgrant</i></p> <p><b><i>HMGP Disasters Grants: No Fiscal Year restrictions</i></b></p> <p><b><i>All Other Grants:</i></b>  <i>This request period cannot cross state fiscal years. Therefore, separate requests Must be submitted for expenditures incurred on or before June 30, and on or after July 1</i></p>
<b>Authorized Agent Information</b>	Complete all line items requested and ensure that the form is signed by an Authorized Agent named in the Governing Body Resolution
<b>Mail</b>	Mail the original to the address identified at the top of the request form
<b>Supporting Documents</b>	Supporting documents are not required to be submitted with the Reimbursement Request; however, Office of Emergency Services reserves the right to request documentation at any time. Applicants are reminded to maintain documents that support the expenditures and reimbursement amounts shown on the request